

Section V



Medical First Responder

Section 41-59-3, MAC

First Responder - means a person who uses a limited amount of equipment to perform the initial assessment of and intervention with sick, wounded or otherwise incapacitated persons, who (i) is trained to assist other EMS personnel by successfully completing, within the previous two (2) years, an approved “First Responder: National Standard Curriculum” training program, as developed and promulgated by the United States Department of Transportation, (ii) is nationally registered as a First Responder by the National Registry of Emergency Medical Technicians; and (iii) is certified as a First Responder by the Mississippi State Department of Health, Division of Emergency Medical Services.

5.1 Training Authority Medical First Responder

The guidelines and minimum standards are set forth in order to establish a minimum level of training for the medical First Responder in the State of Mississippi. These guidelines and minimum standards shall be met by all medical First Responder courses in the state. Additionally, organized EMS districts as recognized by DEMS, Mississippi State Department of Health, are authorized to provide this training. DEMS may approve medical First Responder programs if it is determined after review by the DEMS staff and the Medical Direction, Training and Quality Assurance Committee that the objectives of the training program equal or exceed those of the State of Mississippi. All medical First Responder training programs must have DEMS approval prior to the start of class.

5.2 Medical First Responder Curriculum

Medical First Responder curriculum must conform, at minimum, to the National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions as approved for use by DEMS. Minimum hours required for medical First Responder are: 40 didactic/lab. In addition, the following modules will be taken from the EMT Basic National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions: Automatic External Defibrillator (AED), assist with the administration of an epinephrine auto-injector and oxygen therapy. Written permission from DEMS must be obtained prior to the start of a medical First Responder course.

5.3 Request for approval of medical First Responder training programs

A list of DEMS approved medical First Responder training programs will be available at the DEMS office and DEMS website. Request for approval of medical First Responder training programs not contained on the approved list shall be sent to DEMS with evidence and verification that:

- (A) The medical First Responder training program meets, at minimum, the requirements of the medical First Responder curriculum as given in this Section.
- (B) There are medical First Responder instructor certification and re-certification requirements, including an evaluation of instructor terminal competencies, provided in the requested training program.

Note: Credentialed EMS instructors of DEMS as trained through the MS EMS Instructor training program and in good standing, are considered as meeting the above requirement.

Approval must be given by the Medical Direction, Training and Quality Assurance Committee (MDTQA) and DEMS, prior to the start of any classes utilizing the proposed medical First Responder training program.

5.4 Medical First Responder Training Programs

MS medical First Responder training shall also include the instructor lesson plan for Basic EMT National Standard Training Curriculum (NSTC), Automatic External Defibrillation (AED) Section, assist with the administration of epinephrine auto-injector, and oxygen therapy. Additionally, it should be noted that current AHA Standards and Guidelines for CPR and AED will supersede NSTC.

1. The length of the medical First Responder CPR and AED course shall not be less than 8 hours (didactic and practical).
2. The complete MS medical First Responder educational program should be designed to provide the knowledge that will allow the student to arrive at decisions based on accepted medical knowledge and that will permit the professional growth of the medical First Responder.
3. The program should consist of at minimum two components: didactic instruction and clinical instruction, with optional supervised field experience in a system which functions under a medical command authority. The time required to complete each component may vary, in part being dependent upon the ability of students to demonstrate their mastery of the educational objectives by written, verbal, and practical examination.
4. The program should maintain on file for each component of the curriculum a reasonable comprehensive list of the terminal performance objectives to be achieved by the student. These objectives should delineate mastery in all competencies identified, including curriculum documentation, measurement techniques used, and the records maintained on each student's work.
5. The student should be informed about the methods and data used in determining grades and about the mechanism for appeal. Conditions governing dismissal from the program should be clearly defined in writing and distributed to the student at the beginning of the training program.
6. Evidence of student competence in achieving the educational objectives of the program should be kept on file. Documentation should be in the form of both written and practical examinations.
7. Classroom, clinical, and optional field faculty should also prepare written evaluations on each student. Documentation should be maintained identifying the counseling given to individual students regarding their performance and the recommendations made to correct inadequate performance. Documentation on whether or not the student followed through on faculty recommendations should also be maintained. Instruction should be supported by performance assessments.
8. Faculty should be presented with the program's educational objectives for uses in preparation of lectures and clinical and field practice. The course coordinator should ensure that stated educational objectives are covered and should answer any questions from students or clarify information presented by a lecturer.
 - a. Didactic instruction:
Lectures, discussions, and demonstrations presented by physicians and others who are competent in the field.
 - b. Clinical and other settings:
Instruction and supervised practice of emergency medical skills.

Practice should not be limited to the development of practical skills alone, but should include knowledge and techniques regarding patient evaluations, development of patient rapport, and care for and understanding of the patient's illness. Documentation should be maintained for each student's performance in all of the various areas. A frequent performance evaluation is recommended.

c. Field Experience (optional):

The field internship is a period of supervised experience in a structured overall EMS system. It provides the student with a progression of increasing patient care responsibilities which proceed from observation to working as a member of a team. There should be a provision for physician evaluation of student progress in acquiring the desired skills to be developed through this experience. The medical First Responder should have telecommunication with medical command authority. The initial position of the student on the EMS care team should be that of observer. After progressing through record keeping and participation in actual patient care, the student should eventually function as the patient care leader. However, the student should not be placed in the position of being a necessary part of the patient care team. The team should be able to function without the necessary use of a student who may be present.

9. General courses and topics of study must be achievement oriented and shall provide students with:

- a. The necessary knowledge, skills, and attitudes to perform accurately and reliably the functions and tasks stated and implied in the "Job Description" and "Functional Job Analysis" found in the DOT, NSTC Course Guide.
- b. Comprehensive instruction which encompasses:
 - (i) Development of knowledge and clinical skills appropriate for this level of care
 - (a) Introduction to EMS Systems
 - (b) The well-being of the First Responder
 - (c) Legal and Ethical Issues
 - (d) The Human Body
 - (e) Lifting and Moving Patients
 - (f) Airway management procedures
 - (g) Patient assessment including both a primary and secondary survey
 - (h) Managing patient circulation
 - (i) Identify and manage illness and injury
 - (j) Childbirth
 - (k) Assessment and management of common medical and trauma situations of infants/children

NOTE: The following curriculum must be taught in addition to that listed above.

Medical First Responder -

EMT-Basic NSC Module 2-1 Airway (for oxygen therapy)

EMT-Basic NSC Module 4-3 Cardiovascular Emergencies (for Automatic External Defibrillation)

EMT-Basic NSC Module 4-5 Allergies)for assisting with administration of epinephrine auto-injector

Medical First Responder training must include the following objectives from the EMT-Basic National Standard Curriculum:

The following objectives should be added to the First Responder Module 2 on Airway from the EMT-Basic NSC Module 2 to provide oxygen therapy training to medical First Responders.

Cognitive Objectives

2-1.2 List the signs of adequate breathing

2-1.10 Describe the steps in performing the skill of artificially ventilating a patient with bag-valve-mask while using the jaw thrust

2-1.11 List the parts of a bag-valve-mask system

2-1.12 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers

2-1.13 Describe the signs of adequate artificial ventilation using the bag-valve-mask

2-1.14 Describe the signs of inadequate artificial ventilation using the bag-valve-mask

2-1.15 Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device

2-1.16 List the steps in performing the actions taken when providing mouth-to-mouth and mouth-to-stoma artificial ventilation

2-1.19 Define the components of an oxygen delivery system

2-1.20 Identify a nonrebreather face mask and state the oxygen flow requirements needed for its use

2-1.21 Describe the indications for using a nasal cannula versus a nonrebreather face mask

2-1.22 Identify a nasal cannula and state the flow requirements needed for its use

Affective Objectives

2-1.24 Explain the rationale for providing adequate oxygenation through high inspired oxygen concentrations to patients who, in the past, may have received low concentrations.

Psychomotor Objectives

2-1.30 Demonstrate the assembly of a bag-valve-mask unit

2-1.31 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers

2-1.32 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust

2-1.33 Demonstrate artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device

2-1.37 Demonstrate the correct operation of oxygen tanks and regulators

- 2-1.38 Demonstrate the use of a nonrebreather face mask and state the oxygen flow requirements needed for its use
- 2-1.39 Demonstrate the use of a nasal cannula and state the flow requirements needed for its use
- 2-1.40 Demonstrate how to artificially ventilate the infant and child patient
- 2-1.41 Demonstrate oxygen administration for the infant and child patient

The following objectives should be added to the First Responder Training Program from the EMT-Basic NSC Module 4 to provide training for assisting with the administration of epinephrine auto-injectors to medical First Responders.

Cognitive Objectives

At the completion of this lesson, the medical First Responder student will be able to:

- 4-5.1 Recognize the patient experiencing an allergic reaction
- 4-5.2 Describe the emergency medical care of the patient with an allergic reaction.
- 4-5.3 Establish the relationship between the patient with an allergic reaction and airway management
- 4-5.4 Describe the mechanisms of allergic response and the implications for airway management
- 4-5.5 State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector
- 4-5.6 Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction
- 4-5.7 Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine auto-injector

Affective Objectives

- 4-5.8 Explain the rationale for administering epinephrine using an auto-injector

Psychomotor Objectives

- 4-5.9 Demonstrate the emergency medical care of the patient experiencing an allergic reaction
- 4-5.10 Demonstrate the use of epinephrine auto-injector
- 4-5.11 Demonstrate the assessment and documentation of patient response to an epinephrine injection
- 4-5.12 Demonstrate proper disposal of equipment
- 4-5.13 Demonstrate completing a pre-hospital care report for patients with allergic emergencies

The following objectives should be added to the First Responder Training Program from the EMT-Basic NSC Module 4 and/or nationally AHA guidelines to provide training for cardiovascular emergencies and the use of automated external defibrillators to medical First Responders.

Cognitive Objectives

- 4-3.1 Describe the structure and function of the cardiovascular system
- 4-3.2 Describe the emergency medical care of the patient experiencing chest

pain/discomfort

- 4-3.3 List the indications for automated external defibrillation
- 4-3.4 List the contraindications for automated external defibrillation
- 4-3.5 Define the role medical First Responder in the emergency cardiac care system
- 4-3.6 Explain the impact of age and weight on defibrillation
- 4-3.7 Discuss the position of comfort for patients with various cardiac emergencies
- 4-3.8 Establish the relationship between airway management and the patient with cardiovascular compromise
- 4-3.9 Predict the relationship between the patient experiencing cardiovascular compromise and basic life support
- 4-3.10 Discuss the fundamentals of early defibrillation
- 4-3.11 Explain the rationale for early defibrillation
- 4-3.12 Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator
- 4-3.13 Explain the importance of pre-hospital ACLS intervention if it is available
- 4-3.14 Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the pre-hospital setting
- 4-3.15 Discuss the various types of automated external defibrillators
- 4-3.16 Differentiate between the fully automated and the semi-automated defibrillator
- 4-3.17 Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators
- 4-3.18 State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator
- 4-3.19 Discuss the circumstances which may result in inappropriate shocks
- 4-3.20 Explain the considerations for interruption of CPR, when using the automated external defibrillator
- 4-3.21 Discuss the advantages and disadvantages of automated external defibrillators
- 4-3.22 Summarize the speed of operation of automated external defibrillation
- 4-3.23 Discuss the use of remote defibrillation through adhesive pads
- 4-3.24 Discuss the special considerations for rhythm monitoring
- 4-3.25 List the steps in the operation of the automated external defibrillator
- 4-3.26 Discuss the standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS
- 4-3.27 Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS
- 4-3.28 Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator
- 4-3.29 Explain the reason for pulses not being checked between shocks with an automated external defibrillator
- 4-3.30 Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators
- 4-3.31 Discuss the importance of post-resuscitation care
- 4-3.32 List the components of post-resuscitation care
- 4-3.33 Explain the importance of frequent practice with the automated external defibrillator
- 4-3.34 Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist

- 4-3.35 Discuss the role of the American Heart Association (AHA) in the use of automated external defibrillation
- 4-3.36 Explain the role medical direction plays in the use of automated external defibrillation
- 4-3.37 State the reasons why a case review should be completed following the use of the automated external defibrillator
- 4-3.38 Discuss the components that should be included in a case review
- 4-3.39 Discuss the goal of quality improvement in automated external defibrillation
- 4-3.40 Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain
- 4-3.43 Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance

Affective Objectives

- 4-3.44 Defend the reasons for obtaining initial training in automated external defibrillation and the importance of continuing education
- 4-3.45 Defend the reason for maintenance of automated external defibrillators

Psychomotor Objectives

- 4-3.47 Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort
- 4-3.48 Demonstrate the application and operation of the automated external defibrillator
- 4-3.49 Demonstrate the maintenance of an automated external defibrillator
- 4-3.50 Demonstrate the assessment and documentation of patient response to the automated external defibrillator
- 4-3.51 Demonstrate the skills necessary to complete the Automated Defibrillator: Operator's Shift Checklist
- 4-3.54 Practice completing a pre-hospital care report for patients with cardiac emergencies

10. Operational Policies

1. Student matriculation practices and student and faculty recruitment should be non-discriminatory with respect to race, color, creed, sex, or national origin. Student matriculation and student and faculty recruitment practices are to be consistent with all laws regarding non-discrimination. It is recommended that records be kept for a reasonable period of time on the number of students who apply and the number accepted, as well as a placement history of those who complete the program.
 - * Announcements and advertising about the program shall reflect accurately the training being offered.
 - * The program shall be educational and students shall use their scheduled time for educational experiences.
 - * Health and safety of students, faculty, and patients shall be adequately safeguarded.
 - * Costs to the student shall be reasonable and accurately stated and published.

- * Policies and process for student withdrawal and refunds on tuition and fees shall be fair, and made known to all applicants.

B. Curriculum Description

Instructional content of the educational program should include the successful completion of stated educational objectives that fulfill local and regional needs and that satisfy the requirements of this curriculum section. The curriculum should be organized to provide the student with knowledge required to understand fully the skills that are taught in this program. It is important not to lose sight of the original purpose of the medical First Responder level. The curriculum includes only the portions of the NSTC for the EMT-Basic which are relevant for this level of care. Students should have an opportunity to acquire clinical experience and practice skills related to the emergency medical care of these patients. Students should also understand the ethical and legal responsibilities they assume as students and are being prepared to assume as graduates.

5.5 Medical First Responder classes, class approval

The DEMS may approve medical First Responder training classes if it is determined, after review of medical First Responder class request forms, that the objectives of the class equal or exceed those of the State of Mississippi.

Medical First Responder class approval forms can be requested from DEMS or be completed on the DEMS website. Credentialed medical First Responder instructors should complete the class approval form and submit to DEMS, at minimum, fourteen calendar days prior to the first day of class. DEMS will assign a class number to all approved requests and return to the credentialed medical First Responder instructor. Incomplete paperwork will be returned without action.

5.6 Medical First Responder classes, initial roster

Initial rosters shall be completed by the credentialed medical First Responder instructor immediately following the second meeting of the class. Initial roster forms can be obtained from DEMS or be completed on the DEMS website. A final roster for a full or refresher First Responder class will not be accepted without an initial roster on file with DEMS.

5.7 Medical First Responder classes, final roster

Final rosters shall be completed by the credentialed medical First Responder instructor immediately following the end of a full First Responder or First Responder refresher class. The final roster shall be inclusive of all students on the initial roster. The final roster will note students who withdrew, failed and completed the medical First Responder class. The final roster form can be obtained from DEMS or be completed on the DEMS website. Students successfully completing the class will not be allowed to test National Registry until a final roster is on file with DEMS. Credentialed medical First Responder instructors must complete the final roster affidavit regarding First Responder DOT practical skill completion as well as automatic external defibrillator (AED), assisting with the administration of epinephrine by auto-injector, and oxygen therapy didactic and practicals.

5.8 Medical First Responder Training Programs, Minimum Admittance Criteria

1. Must be sixteen (16) years of age prior to class completion.

5.9 Medical First Responder Refresher Training

The Mississippi medical First Responder Refresher curriculum must conform, at minimum, to the National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions as approved for use by DEMS. Minimum hours required for medical First Responder refresher training are: 12 hours didactic/lab. In addition, the following modules will be refreshed as taken from the EMT Basic Refresher National Standard Training Curriculum (NSTC) developed by the United States Department of Transportation and all current revisions: Automatic External Defibrillator (AED), assist with the administration of an epinephrine auto-injector and oxygen therapy. Written permission from DEMS must be obtained prior to the start of a medical First Responder refresher course. Medical First Responder refresher training must be accomplished by all certified Mississippi medical First Responders during their National Registry certification period.

NOTE: First Responder Refresher Course Instructors should refer to:

Section 5.3 for request for approval of medical First Responder training programs

Section 5.5 for Medical First Responder classes, class approval

Section 5.6 for Medical First Responder classes, initial roster

Section 5.7 for Medical First Responder classes, final roster

DEMS, on receipt of a properly approved class request, initial roster, and final roster will prepare certificates of completion for refresher training for all persons on the final roster and return them to the instructor.

5.10 Prerequisites to certification as a medical First Responder (training obtained in Mississippi)

1. Age of at least 16 years.
2. Completion of the Board's approved medical First Responder Training Program (Note: This includes passage of the National Registry examination).
3. Verification of Medical Control (Jurisdictional Medical Control Agreement) See Appendix 7.

5.11 Prerequisites to certification as a medical First Responder (training obtained in another state)

1. Age of at least 16 years.
2. Completion of a medical First Responder program which meets the guidelines of the First Responder national standard curriculum. Written verification from state of training and of current status.
3. Completion of a state-approved medical First Responder skills course which must include automatic external defibrillation, DOT EMT-Basic module for assisting with the administration of epinephrine by auto-injector and DOT EMT-Basic module for oxygen therapy. (or equivalent with MSDH, DEMS approved terminal competencies).
4. Applicant must be registered as a medical First Responder by the National Registry of

EMTs. This is documented by submitting a copy of the National Registry wallet card.

5. Verification of Medical Control (Jurisdictional Medical Control Agreement) See Appendix 7.

NOTE: The Mississippi DEMS maintains the right to refuse reciprocity to any nationally registered medical First Responder if the submitted curriculum does not meet the guidelines of the national standard curriculum and those required by the State of Mississippi.

5.12 Medical First Responder Certification

1. Any person desiring certification as a medical First Responder shall apply to the DEMS using forms provided (Application for State Certification).
2. All certification applications must be accompanied by a ten dollar (\$10.00) money order or business check payable to the Mississippi State Department of Health - DEMS, a copy of applicant's National Registry card, and a Jurisdictional Medical Control Agreement from a DEMS approved "system" medical director.
3. DEMS may withhold or deny the application for certification for a like period of time equal to the like period of time under which a person failed to comply. Mississippi requires that all medical First Responder's maintain current registration with the National Registry of Emergency Medical Technicians.

5.13 Medical First Responder, grounds for suspension or revocation

1. Fraud or any mis-statement of fact in the procurement of any certifications or in any other statement of representation to the Board or its representatives.
2. Gross negligence.
3. Repeated negligent acts.
4. Incompetence.
5. Disturbing the peace while on duty.
6. Recklessly disregarding the speed regulations prescribed by law while on duty.
7. Failure to carry the Mississippi State Department of Health issued certification card while on duty or failure to wear appropriate identification as approved by State Department of Health, Division of EMS.
8. Failure to maintain current registration by the National Registry of EMTs.
9. Failure to maintain all current training standards as required by the State Department of Health.
10. The commission of any fraudulent dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of pre-hospital personnel.
11. Conviction of any crime which is substantially related to the qualification, functions, and duties of pre-hospital personnel. The record of conviction or certified copy thereof will be conclusive evidence of such conviction.
12. Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this part of the regulations promulgated by the State Department of Health, DEMS, pertaining to pre-hospital personnel.
13. Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
14. Addiction to, excessive use of, or misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.

15. Functioning outside the supervision of medical control in the field care system.
16. Permitting, aiding or abetting an unlicensed or uncertified person to perform activities requiring a license or certification.

5.14 Recertification of medical First Responders

1. Any person desiring re-certification as a medical First Responder shall apply to DEMS using forms provided (Application for state certification)
2. All re-certification applications must be accompanied by ten dollar (\$10.00) money order or business check payable to the Mississippi State Department of Health - DEMS. Also include copy of current National Registry card and current Jurisdictional Medical Control Agreement. See Appendix 7.
3. All medical First Responder's failing to re-certify with DEMS on or before the expiration date of his/her certification period will be considered officially expired.
4. DEMS may withhold or deny an application for re-certification for a like period of time equal to the like period of time under which a person fails to comply.
5. A medical First Responder certificate issued shall be valid for a period not exceeding two (2) years from date of issuance and may be renewed upon payment of a renewal fee of ten dollars (\$10.00), which shall be paid to the Board provided that the holder meets the qualifications set forth in regulations promulgated by the Board.
6. The Board may suspend or revoke a certificate so issued at any time it is determined that the holder no longer meets the prescribed qualifications.

5.15 Description of the Occupation and Competency of the medical First Responder

Job Summary

A Mississippi medical First Responder activates the EMS system, surveys the scene for hazards, contains those hazards, gains access to the injured or sick, gathers relevant patient data, provides immediate emergency medical care using a limited amount of equipment, controls the scene, and prepares for the arrival of the ambulance. It must also be stressed that ongoing medical control and evaluation of the functioning medical First Responder is essential to the maintenance of medical care quality. As with all professionals in the medical community, it must be realized that continuing education is an integral part of the medical First Responders ability to maintain a high degree of competency.

Functional Job Analysis

Mississippi medical First Responder Characteristics

The Mississippi medical First Responder must be a person who can remain calm while working in difficult and stressful circumstances, as well as one who is capable of combining technical skills, theoretical knowledge, and good judgment to insure optimal level of fundamental emergency care to sick or injured patients while adhering to specific guidelines within the given scope of practice.

The Mississippi medical First Responder is expected to be able to work alone, but must also be a team player. Personal qualities such as the ability to "take charge" and control the situation are essential, as are the maintaining of a caring and professional attitude, controlling one's own fears, presenting a professional appearance, staying physically fit, and keeping one's skills and abilities up to date. The Mississippi medical First Responder must be willing to adhere to the established ongoing medical control and evaluation required for the

maintenance of quality medical care.

Self-confidence, a desire to work with people, emotional stability, tolerance for high stress, honesty, a pleasant demeanor, and the ability to meet the physical and intellectual requirements demanded by this position are characteristics of the competent First Responders. The Mississippi medical First Responder also must be able to deal with adverse social situations which include responding to calls in districts known to have high crime rates. The Mississippi medical First Responder ideally possesses an interest in working for the good of society and has a commitment to doing so.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's and the First Responder's well being, as well as other workers' well being must not be jeopardized.

Other

Use of telephone or radio dispatch for coordination of prompt emergency services is essential. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the First Responder works in emergency conditions where there may not be time for deliberation. The Mississippi medical First Responder must also be able to accurately report all relevant patient data, which is generally, but not always, outlined on a prescribed form. Verbal and reasoning skills are used extensively. The ability to perform mathematical tasks is minimal, however, it does play a part in activities such as taking vital signs, making estimates of time, calculating the number of persons at a scene, and counting the number of persons requiring specific care.

Note: A more detailed Functional Job Analysis can be found in Appendix A of the First Responder National Standard Curriculum

5.16 Performance Standards for medical First Responder

The Mississippi medical First Responder who functions within the State of Mississippi must be able to demonstrate the following skills and understand the elements of total emergency care to the satisfaction of the local training coordinator and the certifying agency. Training programs must be approved by the Mississippi State Department of Health, DEMS and/or the Department of Education.

The medical First Responder's primary responsibility is to the patient and should include both an oral exam and an appropriate physical exam. Scene size-up including: scene safety, mechanism of injury, number of patients, additional help and consideration of cervical stabilization.

The skills listed herein will enable the medical First Responder to carry out all First Responder level patient assessment and emergency care procedures.

1. Given a possible infectious exposure, the First Responder will use appropriate personal protective equipment. At the completion of care, the First Responder will properly remove and discard the protective garments.
2. Given a possible infectious exposure, the First Responder will complete disinfection/cleaning and all reporting documentation.
3. Demonstrate an emergency move.
4. Demonstrate a non-emergency move.
5. Demonstrate the use of equipment utilized to move patient's in the pre-hospital arena.
6. Demonstrate competence in psychomotor objectives for:
 1. EMS Systems
 2. Well-Being of the First Responder
 3. Legal and Ethical Issues
 4. The Human Body
 5. Lifting and Moving Patients
7. Demonstrate the steps in the head-tilt chin lift.
8. Demonstrate the steps in the jaw thrust.
9. Demonstrate the techniques of suctioning.
10. Demonstrate the steps in mouth-to-mouth ventilation with body substance isolation.
11. Demonstrate how to use a resuscitation mask to ventilate a patient.
12. Demonstrate how to ventilate a patient with a stoma.
13. Demonstrate how to measure and insert an oropharyngeal and nasopharyngeal airway.
14. Demonstrate how to ventilate infant and child patients.
15. Demonstrate how to clear a foreign body airway obstruction in a responsive child and adult.
16. Demonstrate how to clear a foreign body airway obstruction in a responsive and unresponsive
 1. Infant
 2. Child
 3. Adult
17. Demonstrate the assembly of a bag-valve-mask unit.
18. Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.
19. Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust.
20. Demonstrate artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device.
21. Demonstrate the correct operation of oxygen tanks and regulators.
22. Demonstrate the use of a nonrebreather face mask and state the oxygen flow requirements needed for its use.
23. Demonstrate the use of a nasal cannula and state the flow requirements needed for its use.
24. Demonstrate how to artificially ventilate the infant and child patient.
25. Demonstrate oxygen administration for the infant and child patient.
26. Demonstrate the ability to differentiate various scenarios and identify potential hazards.
27. Demonstrate the techniques for assessing
 1. Mental status

2. The airway
3. If the patient is breathing
4. If the patient has a pulse
5. External bleeding
6. Patient skin color, temperature, condition, and capillary refill (infants and children only)
28. Demonstrate questioning a patient to obtain SAMPLE history.
29. Demonstrate the skills involved in performing the physical exam.
30. Demonstrate the on-going assessment.
31. Demonstrate the proper technique of chest compression on
 1. Adult
 2. Child
 3. Infant
32. Demonstrate the steps of CPR
 1. One rescuer adult CPR
 2. Two rescuer adult CPR
 3. Child CPR
 4. Infant CPR
33. Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort.
34. Demonstrate the application and operation of the automated external defibrillator.
35. Demonstrate the maintenance of an automated external defibrillator.
36. Demonstrate the assessment and documentation of patient response to the automated external defibrillator.
37. Demonstrate the skills necessary to complete the Automated Defibrillator: Operator's Shift Checklist.
38. Demonstrate proper documentation of a pre-hospital care report for patients with cardiac emergencies.
39. Demonstrate the steps in providing emergency medical care to patient with
 1. A general medical complaint
 2. Altered mental status
 3. Seizures
 4. Exposure to cold
 5. Exposure to heat
 6. A behavioral change
 7. A psychological crisis
40. Demonstrate the following methods of emergency medical care for external bleeding.
 1. Direct pressure
 2. Diffuse pressure
 3. Pressure points
41. Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding.
42. Demonstrate the steps in the emergency medical care of
 1. Open soft tissue injuries
 2. A patient with an open chest wound
 3. A patient with open abdominal wounds
 4. A patient with an impaled object
 5. A patient with an amputation

6. An amputated part
43. Demonstrate the emergency medical care of a patient with a painful, swollen, deformed extremity.
44. Demonstrate opening the airway in a patient with suspected spinal cord injury.
45. Demonstrate evaluating a responsive patient with a suspected spinal cord injury.
46. Demonstrate stabilizing of the cervical spine.
47. Demonstrate the steps to assist in the normal cephalic delivery.
48. Demonstrate necessary care procedures of the fetus as the head appears.
49. Attend to the steps in the delivery of the placenta.
50. Demonstrate the post-delivery care of the mother.
51. Demonstrate the care of the newborn.
52. Demonstrate assessment of the infant and child.
53. Perform triage of a mass casualty incident.
54. Demonstrate the emergency medical care of the patient experiencing an allergic reaction.
55. Demonstrate the use of epinephrine auto-injector.
56. Demonstrate the assessment and documentation of patient response to an epinephrine injection.
57. Demonstrate proper disposal of equipment.
58. Demonstrate completing a pre-hospital care report for patients with allergic emergencies.
59. Other knowledge and competencies may be added as revisions occur with the National Standard EMT Basic Curriculum.

Note: Skills and medications not listed in these regulations may not be performed by a Mississippi medical First Responder until each skill and/or medication has been individually and specifically approved by DEMS in writing

5.17 Area and Scope of Practice of the medical First Responder

The Mississippi medical First Responder represents the first component of the emergency medical care system. Through proper training the medical First Responder will be able to provide basic life support to victims during emergencies, minimize discomfort and possible further injuries. The medical First Responder may provide non-invasive emergency procedures and services to the level described in the First Responder National Standard Training Curriculum. Those procedures include recognition, assessment, management, transportation and liaison.

A Mississippi medical First Responder is a person who has successfully completed an approved training program and is certified. The medical First Responder training program must equal or exceed the educational goals and objectives of the National Standard Training curriculum for the First Responder along with applicable modules for automatic external defibrillation, assisting with the administration of epinephrine by auto-injector, and oxygen therapy from the National Standard Training curriculum for EMT-Basic.

Description of Tasks

The Mississippi medical First Responder answers verbally to telephone or radio emergency calls from dispatcher to provide efficient and immediate care to critically ill and injured persons using a limited amount of equipment. Responds safely to the address or location as directed by radio dispatcher. Visually inspects and assesses or “sizes up” the scene upon arrival to determine if scene is safe, to determine the mechanism of illness or injury, and the

total number of patients involved. Directly reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries, the number of patients, and the condition of each patient, and identifies assessment findings which may require communication with medical direction for advice.

Assesses patient constantly while awaiting additional EMS resources, administers care as indicated. Requests additional help if necessary. Creates a safe traffic environment in the absence of law enforcement. Renders emergency care to adults, children and infants based on assessment findings, using a limited amount of equipment. Opens and maintains patient airway, ventilates patient, provides oxygen therapy, performs CPR, utilizes automated and semi-automated external defibrillators. Provides pre-hospital emergency care of simple and multiple system trauma such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen and deformed extremities. Provides emergency medical care to include assisting in childbirth, management of respiratory problems, altered mental status, and environmental emergencies, assisting with the administration of epinephrine by auto-injector.

Searches for medical identification as clue in providing emergency care. Reassures patients and bystanders while working in a confident and efficient manner, avoids misunderstandings and undue haste while working expeditiously to accomplish the task. Extricates patients from entrapment, assesses extent of injury, assists other EMS providers in rendering emergency care and protection to the entrapped patient. Performs emergency moves, assists other EMS providers in the use of prescribed techniques and appliances for safe removal of the patient.

Assists other EMS providers in lifting patient onto stretcher, placing patient in ambulance, and insuring that patient and stretcher are secured. Radios dispatcher for additional help or special rescue and/or utility services. Reports verbally all observations and medical care of the patient to the transporting EMS unit, provides assistance to transporting staff. Performs basic triage where multiple patient needs exist. Restocks and replaces used supplies, uses appropriate disinfecting procedures to clean equipment, checks all equipment to insure adequate working condition for next response. Attends continuing education and refresher courses as required by employers, medical direction, and DEMS.